

For Office Use Only:

Amount _____

Date Recd _____

Texas Board of Nursing

333 Guadalupe, Ste. 3-460, Austin, TX 78701-3944
Phone: 512-305-7400 -- Web Site: www.bon.state.tx.us

Application by NCLEX-PN® Examination for Licensed Vocational Nurses

For Office Use Only:

FBI HX: ☐ Yes ☐ No

GVN Ltr: ☐ Yes ☐ No

Date Deemed: _____

Staff Initials: _____

Complete this application in its entirety. Failure to submit a complete application, fee and L1-ID Fingerprint scan or FBI fingerprint card will delay the approval of your application. Your application will not be approved until all requirements have been met and the FBI background check has been completed and processed. Applications are processed in the order that they are received. Please print in ink. (Rev 12/2009)

SECTION A: Applicant information

Indicate your legal name as listed on your driver's license or Picture Identification. Discrepancies in name may result in not being able to verify your identity the day of your examination.

Last Name(Print): _____ First Name: _____ Middle Name: _____

Previous Name(s): _____ Social Security Number: _____ - _____ - _____ Date of Birth: _____ / _____ / _____
Mo Day Yr

(Address) (City) (State/Country) (Zip/Postal Code)

(E-Mail Address) () Phone Number

Gender: ☐ Male ☐ Female **Ethnicity:** ☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Native American ☐ Other

Name of BASIC Nursing School Attended: _____ *Graduation Date: _____ / _____
Mo Yr

Location of Nursing School: _____
(City) (State/Province) (Country)

Type of Basic Education Program: ☐ VN/PN Program ☐ Other: _____

SECTION B: Licensure Information

1) ☐ No ☐ Yes Have you ever taken the NCLEX-PN®?
If "Yes", indicate dates and states: _____

2) ☐ No ☐ Yes Have you ever been granted authority to practice nursing in any country, state, province or territory?

If you answered "Yes" to question 2, you must answer questions #3 and #4 in this section of the application.

3) ☐ No ☐ Yes Have you used the authority granted to practice nursing?
If "Yes", indicate the country(ies) _____
and date you last practiced as a licensed vocational/practical nurse: _____ / _____
MM YYYY

4) ☐ No ☐ Yes Have you practiced nursing for a minimum of two (2) years within the last four (4) years preceding the filing of this application?

SECTION C: Nurse Compact Declaration

In accordance with the Nursing Practice Act, TAC, Sec. 304.001 and 22 TAC §220.2, I declare the State of _____ is my primary state of residence and that such constitutes my permanent and principal home for legal purposes. ("Primary state of residence" is defined as the state of a person's declared fixed permanent and principal home for legal purposes; domicile.)

Upon licensure in Texas, in which state(s) do you intend to practice? _____

☐ No ☐ Yes Are you currently employed in the U.S. Military (Active Duty) or the U.S. Federal Government?

Applicant's Signature: _____ Date: _____ / _____ / _____

SECTION D: Eligibility Questions

- 1) ☐ No ☐ Yes For any criminal offense, including those pending appeal, have you:
- A. been convicted of a misdemeanor?
 - B. been convicted of a felony?
 - C. pled nolo contendere, no contest, or guilty?
 - D. received deferred adjudication?
 - E. been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
 - F. been sentenced to serve jail or prison time? court-ordered confinement?
 - G. been granted pre-trial diversion?
 - H. been arrested or have any pending criminal charges?
 - I. been cited or charged with any violation of the law?
 - J. been subject of a court-martial; Article 15 violation; or received any form of military judgment/punishment/action?

(You may only exclude Class C misdemeanor traffic violations.)

NOTE: Expunged and Sealed Offenses: While expunged or sealed offenses, arrests, tickets, or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, ticket or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Failure to reveal an offense, arrest, ticket, or citation that is not in fact expunged or sealed, will at a minimum, subject your license to a disciplinary fine. Non-disclosure of relevant offenses raises questions related to truthfulness and character.

NOTE: Orders of Non-Disclosure: Pursuant to Tex. Gov't Code § 552.142(b), if you have criminal matters that are the subject of an order of non-disclosure you are not required to reveal those criminal matters on this form. However, a criminal matter that is the subject of an order of non-disclosure may become a character and fitness issue. Pursuant to other sections of the Gov't Code chapter 411, the Texas Nursing Board is entitled to access criminal history record information that is the subject of an order of non-disclosure. If the Board discovers a criminal matter that is the subject of an order of non-disclosure, even if you properly did not reveal that matter, the Board may require you to provide information about that criminal matter.

- 2) ☐ No ☐ Yes Are you currently the target or subject of a grand jury or governmental agency investigation?
- 3) ☐ No ☐ Yes Has any licensing authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license, certificate or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?
- 4) ☐ No ☐ Yes *Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug?
- 5) ☐ No ☐ Yes *Within the past five (5) years have you been diagnosed with, treated, or hospitalized for schizophrenia and/or psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder?
- If "YES" indicate the condition: ☐ schizophrenia and/or psychotic disorders, ☐ bipolar disorder,
☐ paranoid personality disorder, ☐ antisocial personality disorder, ☐ borderline personality disorder

*Pursuant to the Occupations Code §301.27, information regarding a person's diagnosis or treatment for a physical condition, mental condition, or chemical dependency is confidential to the same extent that information collected as part of an investigation is confidential under the Occupations Code §304.466.

If you answered "YES" to any of the questions listed above, attach a letter of explanation that is dated and signed indicating the circumstance(s) you are reporting to the Board.

SECTION E: Attestation

I, the NCLEX® Candidate whose name appears within this Application, acknowledge this document is a legal document and I attest that I understand & meet all the requirements for the type of licensure requested, as listed in sections 301.252, 301.253, 301.452, 301.453, 301.454 and 304.001 of the Nursing Practice Act; 22 TAC §§ 213.27, 213.28, 213.29, 213.30; 22 TAC §§ 217.11 and 217.12.

Further, I understand that it is a violation of the 22 TAC § 217.12 (6)(I) and the Penal Code, sec 37.10, to submit a false statement to a government agency; and I consent to release of confidential information to the Texas Board of Nursing and further authorize the Board to use and to release said information as needed for the evaluation and disposition of my application.

I understand that if I have any questions regarding this affidavit I should contact an attorney or the appropriate professional health provider.

I will immediately notify the Board if at any time after signing this affidavit I no longer meet the eligibility requirements.

Applicant's Signature: _____

Date: ____ / ____ / ____

Affidavit of Graduation for Graduates of Texas Approved Vocational Nursing Programs

This portion of the application must be completed by the Director of the Nursing Program **only**. The signature of other persons such as associate deans, program coordinators, or faculty members will not be accepted unless the Board has received official notification from the governing institution's administration that another nurse on the faculty has been given the authority to sign for the director, the length of time that the signature authority is valid, and a sample of the authorized person's signature.

This affidavit verifies that the applicant named below successfully completed all requirements for completion of graduation from an approved vocational nursing program as stated in Rule 214.9 of the Rules of the Texas Board of Nursing. **Please note, this portion of the application cannot be signed prior to the date of completion/graduation date.**

Pursuant to Rule 214.6 (i)(3), I hereby certify that:

First Name	Middle Name/Maiden Name	Last Name
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Social Security Number: _____ - _____ - _____ entered the _____
Name of School of Vocational Nursing

located in _____ on the date of _____ / _____ / _____
City State Enrollment Date (month/day/year)

and has completed requirements for graduation on the date of _____ / _____ / _____
month day year

Program Code: _____ - _____

Note: Director must sign the Affidavit of Graduation after the Applicant Has Completed All Requirements for Graduation.

I am the Director for the Vocational Nursing School listed above and attest that the factual statements contained in the information provided on this affidavit are within my personal knowledge and are true and correct. Furthermore, I acknowledge this is a legal document and understand that it is a violation of the 22 Texas Administrative Code, §§ 217.12 (6)(I) and the Penal Code, sec 37.10, to submit a false statement to a government agency.

Name of Director _____

(School Seal)

Signature of Director _____

Texas Board of Nursing
333 Guadalupe, Ste. 3-460, Austin, TX 78701-3944
Phone: 512-305-7400 -- Web Site: www.bon.state.tx.us

Director Affidavit
For Out-of-State and US Territories PN/VN Graduates

This form is required for individuals who are requesting to take the NCLEX-PN® examination based on educational preparation as PN/VN graduates from other states and US Territories.

Directions: The Dean/Director of the nursing program must complete and sign this document. ***THE AFFIDAVIT MUST BE SENT DIRECTLY TO THE BOARD OFFICE FROM THE NURSING PROGRAM FOR THE AFFIDAVIT TO BE ACCEPTED.***

Name: _____ DOB: _____
First Name Middle Initial Last Name Mo Day Yr

Social Security #: _____ - _____ - _____ Admission Date: _____ / _____ / _____ Graduation Date : _____ / _____ / _____
Mo Day Yr Mo Day Yr

Numerical grading scale for the "C" is=_____ **Only courses with a Minimum Grade of "C" may be counted.**

Required Board Course	Course Number/Name	Theory Clock Hours	Lab/Clinical Clock Hours
Personal & Vocational Adjustments			
Vocational Nursing Skills			
Pediatrics			
Maternal/Newborn			
Mental Illness/Mental Health			
Geriatrics			
Adult Medical/Surgical Nursing			
Pharmacology			
Growth and Development			
Anatomy & Physiology (THEORY HOURS ONLY)			
Microbiology (THEORY HOURS ONLY)			
Nutrition			
TOTALS			

I am the Dean/Director for the program listed below and attest that the factual statements contained in the information provided on this affidavit are within my personal knowledge and are true and correct. Furthermore, I acknowledge this is a legal document and understand that it is a violation of the 22 Texas Administrative Code, §§ 217.12 (6)(l) and the Penal Code, sec 37.10, to submit a false statement to a government agency.

Signature of Dean/Director: _____ Date: _____

(Must bear School Seal)

Name of Nursing Program: _____

City

State

Country

Texas Board of Nursing

333 Guadalupe, Ste. 3-460, Austin, TX 78701-3944, USA

Phone: 512-305-7400 -- Web Site: www.bon.state.tx.us

VERIFICATION OF LICENSURE FOR **NCLEX-PN** EXAMINATION for Graduates outside of the USA and US Territories

SECTION A: APPLICANT PORTION - To be completed by the applicant and forwarded to the ALL appropriate licensure authorities that the applicants has been licensed as a professional registered nurse or licensed vocational/practical nurse in the applicable country, state, province, and/or territory.

Name (First, Middle, Last)

All Previous Name(s) used

Mother's Maiden Name

Date of Birth(month/day/year)

License Number

Name as appears on original license (First, Middle, Last)

Issuance Date of Original Licensure

Name of Country/Province/Territory Issued

Basic Nursing Education Program- Type of Basic Nursing Program

☐ Vocational/Practical Program ☐ Other _____

LICENSING AUTHORITY PORTION: Only to be completed by the licensing authority

Licensing Agency: The above named individual has applied for Licensure as a licensed vocational nurse in the State of Texas. Please complete the information below in its entirety and return this form to the Board's address listed above.

This is to verify _____
First Name Middle Name Maiden Name Last Name

was issued # _____ to practice as a (circle one) RN / LVN nurse on _____ / _____ / _____.
month day year

The license expires on _____ / _____ / _____ or ☐ issued for life.
month day year

Licensure status: ☐ Active ☐ Lapsed ☐ Inactive ☐ Encumbered*

* If license has ever been revoked, suspended, restricted, limited or placed on probation, please attach a letter of explanation.

Was the applicant originally licensed in your country? ☐ YES ☐ NO

If "NO", what country did the applicant originally receive recognition as a nurse? _____

Nursing program name: _____

Location of program: _____
City Country

Type of Basic Nursing Education Program: ☐ Vocational/Practical Program ☐ Other _____

Was this program conducted in English? ☐ YES ☐ NO Date of Graduation: _____ / _____ / _____ (Month/Day/Year)

*If UNABLE to provide month/day/year of graduation, please attach a letter of explanation.

Signed _____

(Must bear Official Seal here)

Must be original signature-Stamped signatures not accepted

Title _____

Country/State/Province/Territory _____

Date Signed _____ / _____ / _____.
Month Day Year

Instructions for the Application by NCLEX-PN® Examination for Licensed Vocational Nurses

GENERAL INFORMATION

- **Please read all application instructions before completing your application.** Please note, by signing the Application by NCLEX-PN® Examination, you are also acknowledging that you have read and understood the Texas Nurse Practice Act (NPA) and the Rules and Regulations that govern licensure in the State of Texas. To obtain a copy of the NPA and the Rules and Regulations, visit the Board web site at www.bon.state.tx.us.
- **The application is not complete until all required documentation and fees are received.** An incomplete application will delay final approval of the application. **All documents become a permanent part of your file and will not be returned.** Applications are reviewed in date order received. Be sure to answer all questions honestly. The Texas Board of Nursing may deny your application if you provide false information on your application.
- Applicants may check the status of their applications online at www.bon.state.tx.us/olv/applstatus.html

FEES

- **ALL FEES ARE NON-REFUNDABLE.**
- Remit **\$139.00** (U.S. cashier check, U.S. money order, Canadian post money order in US dollars only, or personal check drawn from a U.S. bank) for the application and criminal background check. All fees should be made payable to the Texas Board of Nursing (BON).

CRIMINAL BACKGROUND CHECK

- Criminal background checks are performed on all applicants for Licensure in Texas.

For applicants residing in Texas, L-1 Identity Solutions, www.L1id.com, offers Live Scan locations in Texas. In order to be eligible for an electronic fingerprint submission, allow ten business days, after mailing the application and fee, to elapse before scheduling an appointment with L-1 Identity Solutions. You may schedule an appointment online or by phone at 1-888-467-2080.

For applicants residing outside Texas, attach one (1) completed FBI fingerprint card. A fingerprint card can be requested from our website at www.bon.state.tx.us/olv/web-requests.asp. Fingerprinting should be conducted by a person who is appropriately trained to collect them. Your local law enforcement agency should be willing to assist you.
- A social security number is not required; however, receipt of the FBI criminal history report will take longer for the candidates who do not have this identifying information.
- The applicant will not be approved to take the NCLEX-PN® examination or be issued GVN authorization (if eligible) without a valid criminal history report.

ELIGIBILITY ISSUES

- If you answer “YES” to any questions in Section D, you must attach a letter of explanation indicating the circumstance(s) you are reporting to the Texas Board of Nursing (BON). The document must be signed and dated. You must also provide court documents that show the disposition of the incident(s) being reported. You must contact the court whereby the incident occurred to request a certified copy. If the record does not exist, you must obtain a statement from that court that the document has been destroyed or could not be located. If it is determined that the issue being reported to the BON meets the criteria for opening a case according to our current rules, you will be required to pay a \$150.00 review fee. Once we have a complete application, required documents, and the fee (if applicable), your file will be transferred to our Enforcement Department for review. This review may take a minimum of four months. The BON **will not** approve an applicant to take the NCLEX-PN® or issue a GVN Authorization letter until a decision has been rendered by our Enforcement Department.

NURSING JURISPRUDENCE EXAMINATION

- All applicants by examination must **pass** the Texas Nursing Jurisprudence Examination. You must pass this examination prior to being issued a permanent license. **This has no bearing on your GVN authorization.**

Instructions on taking the Texas nursing jurisprudence examination: Ten days after you file an examination application with the Texas Board of Nursing, you will be eligible to take the online nursing jurisprudence exam at www.bon.state.tx.us/olv/je.html. Follow the instructions to log on and complete the examination. The examination is based on the Texas Nursing Practice Act (NPA) and the Texas Board of Nursing Rules and Regulations. We recommend that you download a copy of the NPA and Board Rules and Regulations from our website by going to www.bon.state.tx.us and click on "Nursing Law and Rules". You may also purchase a hard copy of the NPA and Rules and Regulations by contacting the Texas Board of Nursing. The nursing jurisprudence examination is a maximum of two hours in length. If you are not successful in passing the examination, you may take the examination again after seven working days has elapsed from the previous attempt. The cost of the examination is included in the examination fee. Again, you must pass this examination before the Texas Board of Nursing will issue the permanent license.

REGISTRATION FOR NCLEX-PN® EXAMINATION

- **The Board will not approve you to take the examination or issue GVN authorization (if eligible) unless you have paid the \$200.00 NCLEX-PN® registration fee to NCS Pearson.** The Board recommends that you register with NCS Pearson **one (1) month prior** to graduation or applying to the Board to take the NCLEX-PN® examination. Three registration options are available:

- (1) Register online by visiting www.vue.com/nclex and using a VISA, MasterCard, or American Express credit card; or
- (2) Register over the phone by calling NCS Pearson 1-866-496-2539, Monday-Friday, 7 am to 7 pm, U.S. Central Standard time; or,
- (3) Register by mail with a certified check, cashier's check, or money order.

****Please make sure you registered to take the NCLEX-PN® Examination.** Registering for the wrong test type will significantly delay processing.

- The Authorization To Test (ATT) letter (once approved by the Board) will come directly from the testing service. **The ATT letter is only valid for 75 days and will not be extended under any circumstance.** If you do not receive your ATT letter after you have been approved to take the exam, you must contact NCS Pearson/VUE to request a duplicate copy.

FIRST TIME TEST TAKERS (In-State Applicants)

- A completed Application by NCLEX-PN® Examination and all fees should be submitted to the Board **120 days prior to your graduation date.**
- The Affidavit of Graduation (AOG) form must be completed by the Dean/Director of your nursing program. **The document must be signed on or after the date of program completion or graduation.**
- Follow the instruction provided on Criminal Background Checks. GVN authorization, if eligible, and ATT's will not be issued until a completed AOG and FBI criminal history report is received.
- Verification of GVN authorization may be performed online, using the Boards web site www.bon.state.tx.us, Online Verifications option.

FIRST TIME TEST TAKERS (Out-of-State and US Territories PN/VN Graduates)

- Applicants completing PN/VN programs outside of Texas must have the nursing program complete the Director Affidavit verifying your educational preparation. The affidavit must be mailed directly to the Board's office from the Nursing Program.

INTERNATIONAL APPLICANTS EDUCATED OUTSIDE THE USA AND US TERRITORIES

- A completed Application by NCLEX-PN® Examination consists of all required fees, a completed criminal history report, proof of passing scores of English Proficiency exam (if program was not conducted in English), an original Credential Evaluation Service (CES) Full Education course-by-course report, sent directly from an approved organization and a Verification of Licensure (VOL) form from all countries, states, provinces and/or territories you hold or have held a license. The VOL must come directly from the licensing authority and must bear the authorities official seal. The VOL is only valid for one (1) year after it is signed and sealed by the licensing authority
***Note: the CES Full Education course-by-course report will contain your original country of licensure's VOL.**

- Follow the instruction provided on under Criminal Background Checks. A social security number is not required; however, receipt of the FBI criminal history report will take longer for the candidates who do not have this identifying information.
- The Board accepts the CES from the Commission on Graduates of Foreign Nursing Schools (CGFNS), the Educational Records Evaluation Service, Inc. (ERES) or the International Education Research Foundation, Inc. (IERF). The CES must be dated within one year of issuances by the certification organization. You may access this service by going to one of the following websites: www.cgfns.com, www.eres.com or www.ierf.org.
- If your nursing program was conducted in a Language other than English, you must provide proof of English Proficiency. The Board accepts:
 - 1) the Test of English as a Foreign Language (TOEFL) with a passing score of 560 paper based or 220 computer based, or;
 - 2) the Test of English as a Foreign Language (TOEFL) internet based test (iBT) with a minimum passing score of 83 or
 - 3) receipt of both the Test of Spoken English (TSE) with a minimum score of 50 and the Test of Written English (TWE) with a minimum score of 4.0, or;
 - 4) the International English Language Testing System (IELTS) with a passing standard of an overall score of 6.5 with a minimum of 6.0 in all of the four modules, or;
 - 5) the Pearson Test of English Academic (PTE) with a passing standard of an overall score of 55 with a minimum of 50 in each of the four modules.
- All international applicants must show proof of working in nursing for a period totaling two (2) years (i.e. 24 months) at anytime after graduation from a nursing program.
- If you have not worked at least two (2) years as a first level, general nurse within the four (4) years preceding the filing of the application, you will not be licensed until you complete a Foreign Educated Nurse (FENS) refresher course consisting of 120 hours of classroom instruction and 120 hours of clinical practice under direct supervision of a Registered Nurse. The applicant required to take the FENS refresher will be given a six (6) month permit to complete the refresher course.

APPLICANTS RE-WRITING THE NCLEX-PN® EXAMINATION

- All applicants must take and pass the NCLEX-PN® examination within four (4) years of graduation (U.S. graduates) or date of eligibility (for applicants educated outside of the U.S., who have practiced at least two years as a second-level general nurse). All applicants will receive unlimited testing attempts within the four (4) year period. Applicants nearing the end of their four (4) year eligibility period must apply and be approved to take the NCLEX-PN® examination on/or before 120 days prior to the last day of eligibility. If your last day of eligibility is within 120 days, you will not be approved to take the NCLEX-PN® examination and must reeducate by completing an entire nursing program. NO EXCEPTIONS WILL BE MADE.
- To be approved to take the examination, you must submit a new Application by NCLEX-PN® Examination and the fee. For international candidates, if the Verification of Licensure (VOL) is over one year from the issuance, the applicant must make arrangements for the Board to receive a new VOL. Candidates will not be approved to re-take the examination until all required information is received.
- Applicants must also re-register with NCS Pearson before a new ATT can be issued.

NAME/ADDRESS INFORMATION

- Indicate your legal name on the Application by NCLEX-PN® Examination form as listed on your Driver's License or Picture Identification (i.e. passport). Discrepancies in name may result in not being able to verify your identity the day of your examination. The name indicated on the Application by NCLEX-PN® Examination form will be the name indicated on the LVN certificate with the BON upon receiving a passing score.
- Name changes must be submitted to the Board in writing with a copy of the official document reflecting the name change (i.e. marriage certificate, divorce decree). Applicants may fax a written statement to the Board including the official name change document, you must indicate your name, social security number, and make the written statement to the attention of the Examination Department. The Board has ten (10) business days to process any request received by an applicant. To receive a duplicate ATT letter reflective of the name change, you must contact NCS Pearson directly to request another ATT letter.
- Address changes may be submitted in writing to the Board either via mail, email or fax. Please indicate name, social security number, and new address and send to the attention of the Examination Department. The Board makes every attempt to process requests within ten (10) business days of receipt. To receive a duplicate ATT letter reflective of the address change, you must contact NCS Pearson directly to request another ATT letter.

SPECIAL ACCOMMODATIONS FOR THE NCLEX-PN® EXAM

- In compliance with the Americans with Disabilities Act (ADA), the Texas Board of Nursing provides reasonable accommodations for candidates with disabilities that may interfere with their performance on the National Council Licensure Examination for Practical Nurses (NCLEX-PN®). **Disability** is defined in the Americans with Disabilities Act as a “physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment.” **Major life activities** means “functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working.” (28CFR35.104 - Nondiscrimination on the Basis of Disability in State and Local Government).
- If you feel you may qualify to receive special accommodations for testing, download the “Special Accommodations” form off the web site at www.bon.state.tx.us/olv/forms.html. **Please note:** candidates requesting accommodations will not be approved to take the NCLEX-PN® or receive a GVN permit until the special accommodations for testing have been approved by the Board.
- A registration payment to NCS Pearson must be in place before the Special Accommodations can be updated to the system.

NURSE LICENSURE COMPACT

- All graduates must declare their primary state of residence. **Please note, if your primary state of residence is a member of the Nurse Licensure Compact (other than Texas), we will discontinue processing your application and advise you to apply with the state you indicated.** For a complete listing of the compact states, please visit the National Council web site at: <https://www.ncsbn.org/158.htm>

EXAMINATION RESULTS

- Applicants may access this information from our web site at www.bon.state.tx.us. Licensure information is updated weekly. If a license has not been issued, this does not necessarily mean you have failed the exam.
- Results will not be released over the telephone or via email to the applicants. If you have not received your results within 30 days of the date you took the NCLEX-PN® examination, contact the Board to request the results be re-mailed. **(Note: A license can not be issued until the Nursing Jurisprudence Examination has been completed)**

CHECK LISTS

The following must be received by the Board for your application to be complete. The Board will be unable to approve applicants to take the NCLEX-PN® unless the following information is submitted to the Board. Please keep in mind that some documentation provided to the Board to approve your application is time sensitive and will expire after a period of time.

First Time Test Takers

- [] Application by NCLEX-PN® Examination
- [] Report on the Criminal Background Check (based on fingerprints submitted to the BON)
- [] **Fee of \$139.00** made payable to the Texas Board of Nursing (BON) in the form of a personal check, cashier’s check or money order
- [] Texas PN/VN applicants submit the Affidavit of Graduation for Graduates of Texas Approved Vocational Nursing Programs. Out-of-State and US Territories PN/VN Graduates submit the Directors Affidavit verifying educational preparation. (Form must be completed by the Dean/Director and will not be accepted if signed prior to graduation).
- [] Registration with NCS Pearson/VUE to take NCLEX-PN® examination. (DO NOT SEND \$200.00 NCLEX-PN® FEE TO THE BOARD)
- [] Pass the Nursing Jurisprudence Examination (required before Texas licensure will be issued, upon receipt of passing the NCLEX).

Internationally Educated Applicants

- [] Application by NCLEX-PN® Examination
- [] Report on the Criminal Background Check (based on the fingerprints submitted to the BON)
- [] **Fee of \$139.00** made payable to the Texas Board of Nursing (BON) in the form of a personal check, cashier's check or money order
- [] Verification of Licensure (VOL) form from all countries, states, provinces and/or territories you hold or have held a license as a second-level general (practical) nurse. **(Expires after one (1) year after it is signed and sealed by the licensing authority)**
- [] CES Full Education course-by-course report.
- [] Proof of English Proficiency scores, if applicable.
- [] Registration with NCS Pearson/VUE to take NCLEX-PN® examination. (DO NOT SEND \$200.00 NCLEX-PN® FEE TO THE BOARD)
- [] Pass the Nursing Jurisprudence Examination (required before Texas licensure will be issued, upon receipt of passing the NCLEX).

Rewriting the NCLEX-PN®

- [] Application by NCLEX-PN® Examination
- [] **Fee of \$139.00** made payable to the Texas Board of Nursing (BON) in the form of a personal check, cashier's check or money order
- [] Registration with NCS Pearson/VUE to take NCLEX-PN® examination. (DO NOT SEND \$200.00 NCLEX-PN® FEE TO THE BOARD)